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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/015,314
				Filing Date	12/11/01
				First Named Inventor	David A. Loewenstein
				Group Art Unit	3711
				Examiner Name	
Sheet		of		Attorney Docket Number	

[illegible]

Examiner Signature		Date Considered	12-16-02
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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